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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

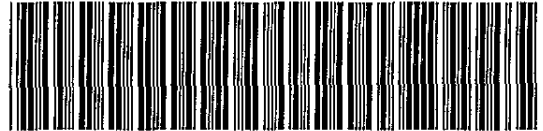
Special Instructions to Filing Officer:

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FL LP

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06 FEB -8 PM 12:46
TALLAHASSEE FLORIDA

Andrew Cuevas
Roberto J. Ortiz

Peter Velasco

Law Offices
Cuevas & Ortiz, P.A.

Mailing Address:
P.O. Box 144010
Coral Gables, Florida 33114-4010

Office Address
536 Biltmore Way
Coral Gables, FL 33134

Telephone (305) 461-9500
Fax (305) 448-7300
E-Mail: acuevas@cuevaslaw.com
Web Site: www.cuevaslaw.com

February 6, 2006

TO: Registration Section
Division of Corporations

SUBJECT: **NORMANDY VILLAGE HOLDINGS, LLLP**
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Andrew Cuevas, Esq.
Cuevas & Ortiz, P.A.
536 Biltmore Way
Coral Gables, FL 33134

For further information concerning this matter, please call:

Andrew Cuevas, Esq. at (305) 461-9500

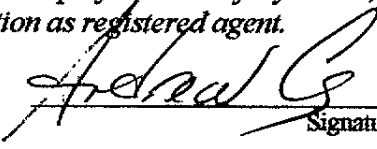
Enclosed is a check for the following amount:

<u> </u> \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent	<u> </u> \$1,008.75 Filing Fee and Certificate of Status	<u> </u> \$1,052.50 Filing Fee and Certified Copy	<u>XX</u> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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Street Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Certificate of Limited Partnership
For
Florida Limited Partnership
Or
Limited Liability Limited Partnership**

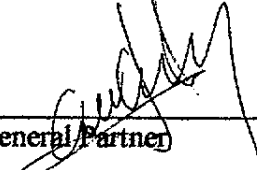
1. **Normandy Village Holdings, LLLP**
(Name of Limited Partnership of Limited Liability Limited Partnership, which must include suffix)
2. 2840 SW 3rd Avenue, Miami, FL 33129
(Street address of initial designated office)
3. Andrew Cuevas, Esq., President of Cuevas & Ortiz, P.A.
(Name of Registered Agent for Service of Process)
4. 536 Biltmore Way, Coral Gables, FL 33134
(Street address of Registered Agent for Service of Process)
5. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*


Signature of Registered Agent
6. 2840 SW 3rd Avenue, Miami, FL 33129
(Mailing address of initial designated office)
7. If limited partnership elects to be a limited liability limited partnership, check box: XX
8. Name and business address of each general partner:

Name:
Normandy General Partners, LLC
LO6-7530

Business Address
2840 SW 3rd Avenue
Miami, FL 33129

Signed this 6th day of February, 2006



General Partner

Filing Fees:	\$1,000 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified copy (optional)	\$52.50
Certificate of status	\$8.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA